



Volunteer Application

Date: _____

Contact Information	
Name	
Street Address	
City, State, ZIP	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
D.O.B.	
Marital Status	
Spouse's Name	
Employed	Part Time _____ Full Time _____
Student	Part Time _____ Full Time _____
Occupation	
Employer	

Education		
	Name of School	Year Graduated
High School		
College		
Degree		
Special Interests		

Availability	
During which hours are you available for volunteer assignments?	
___ Weekday mornings	___ Weekend mornings
___ Weekday afternoons	___ Weekend afternoons
___ Weekday evenings	___ Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

CDL Training

Clerical/Data Entry

Events

Food Handler Training

Fundraising

Grant Writing

IT/Tech Support

Job Coach

Life Coach

Newsletter production

Social Media

Teaching

Other (please specify) _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Legal/Lifestyle/Concerns

In ministering to people, we believe it is our responsibility to seek a staff that is able to provide healthy, safe and nurturing relationships. Please answer the following questions accordingly. Any special concerns can be discussed individually with the staff.

Are you using illegal drugs? Yes___ or No___

If yes, please explain:

Have you ever gone through treatment for alcohol or drug abuse? Yes___ or No___

If yes, please explain:

What is your point of view on drinking alcohol?

Have you ever been arrested and/or convicted of a crime? Yes___ or No___

If yes, DC # _____

If yes, please describe:

Have you ever had any sexual relations with any minor after you became an adult? Yes___ or No___

If yes, please describe:

Have you ever been accused of or been convicted of any form of child abuse? Yes___ or No___

If yes, please describe:

Have you ever been a victim of any form of child abuse? Yes___ or No___

If yes, would you like to discuss this matter with a pastor or counselor? Yes___ or No___

Are you willing to be finger printed for state criminal conviction clearing? Yes___ or No___

Personal

Please write a brief testimony about how you became a Christian (Include date).

Please briefly write about significant events in your life that have impacted you spiritually.

Describe three major ways in which you have grown in your spiritual walk since you became a Christian.

How would you describe your spiritual walk now?

What accountability in your spiritual walk do you have?

What do you do when you have a conflict with someone?

Are there any special issues or concerns happening in your life right now that would have an impact in your commitment to and involvement in this ministry?

Ministry

Where do you attend church? (Please include name, address and phone number).

How long have you attended your church?

Please provide the name of your Pastor and his contact phone number.

Will you "obey those who rule over you, and be submissive"? According to Hebrews 13:17, which says, "Obey those who rule over you, and be submissive, for they watch out for your souls, as those who must give account. Let them do so with joy and not with grief, for that would be unprofitable for you."

Do you consider yourself a team player?

What spiritual gifting do you feel God has given you?

In what area of ministry are you most interested?

Have you ever been trained in any area of ministry?

If yes, please list.

Have you gone through discipleship training or leadership training courses?

If yes, please list the study course.

What are some of your expectations of this ministry staff?

In what other ministry/church experiences have you been involved?

Please list three references of people who are not related to you.

Name	
Email Address	
Phone	
Street Address	
City, State, Zip	
Name	
Email Address	
Phone	
Street Address	
City, State, Zip	
Name	
Email Address	
Phone	
Street Address	
City, State, Zip	

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that the personal information will be held confidential by the professional staff.

Name (printed)	
Signature	
Date	